

REQUEST FOR ACCESSORIAL SERVICES

TO: Quality Control Section (Local Office)		DATE:	
AGENT:		CARRIER SCAC:	
NAME:		SSAN:	
P/U ADDRESS:		BILL OF LADING NUMBER:	
HOME PHONE:		DUTY PHONE:	REMOVE DATE:
CODE OF SERVICE:		DESTINATION:	
PACK DATES:		PICKUP DATE:	

1. Request crating for the following item(s):
(Please include dimensions and quantity)

2. Request Third Party Service/Labor for the following:

FROM: QUALITY CONTROL SECTION

TO:

COMMENTS:

☐

Approved

☐

Disapproved

Signature of Approving Official and Date

PRIVACY ACT OF 1974: AUTHORITY 3/USC 406.5 USC 5726 PRINCIPAL PURPOSE(S): This form is used as a working document to insure that the military member, dependent, and Department of Defense employees, receive proper information on the movement of their personal property within the Defense Transportation System. Routine uses: (A) used in determining validity of claims for damage and improper shipments filed by the member and any third party responsible, insures member receives proper briefing on entitlements and procedures. (B) Information on this form is released to carriers. Voluntary: Lack of the SSN on this form will not directly affect the member, however, when it is furnished, it precludes any possible mistaken identity when names are the same which is frequent occurrence.

Please attach this form to the DD Form 619 when submitting for payment